



Department of Housing and Community Development
Division of Financial Assistance

CalHome Program,
Self-Help Housing Technical Assistance Allocation

P.O. Box 952054, MS 390-2
Sacramento, CA 94252-2054

(916) 445-9581

GRANT APPLICATION

1. Applicant Information

Organization Name: _____

Address: _____

City, State, Zip Code: _____

Contact: _____ Title: _____

Phone: _____ Fax: _____

E-mail Address: _____

2. Project Name

3. Grant Request

Total Requested: \$ _____

Number of units to be assisted: _____

Assistance per unit: \$ _____

Income Levels of Projected Occupancy:	<u># of units</u>
Extremely low	_____
Very low	_____
Low	_____
Moderate	<u>XXX</u> (not eligible under current NOFA)

4. **Applicant Background and Experience**

For items singled out for first-time applicants below, if your organization has not received a CSHHP grant in the last five years, please consider yourself a first-time applicant. If in doubt, contact program staff.

A. Type of Organization:

☐ Public Body ☐ Nonprofit Corporation ☐ Cooperative Corporation

B. Organization Legal Status:

- (1) Resolution authorizing application, execution of the contract, and other documents needed to administer a grant. *(Exhibit 1) (See sample at end of application form)*
- (2) Copy of Articles of Incorporation and Bylaws. For public agencies, its enabling resolution or charter. *(Exhibit 2) (First-time Applicants only)*
- (3) List of Names of Governing Body and Corporate Officers. *(Exhibit 3)*
- (4) Federal Tax Exempt (501(c)3) status. *(Exhibit 4)*
- (5) Most Recent Audited Financial Statement. *(Exhibit 5)*

C. Housing Development Experience:

- (1) A description of your organization's history and experience with self-help housing in operating housing programs and providing technical assistance. *(Exhibit 6) (First-time Applicants only, or if there have been made major changes to programs or organization)*
- (2) Briefly describe each program the applicant is currently operating. *(Exhibit 7) (First-time Applicants only)*
- (3) The geographic area(s) where the applicant operates. *(Exhibit 8)*
- (4) List any program or financial assistance have received from HCD during the past three years. Include the program and the HCD contact person. *(Exhibit 9)*

5. **Legislative District and Representative of the Project Location**

Senate: District No: _____ Representative: _____
Assembly: District No: _____ Representative: _____
Congressional: District No: _____ Representative: _____

6. **Project Narrative** *(Exhibit 10)* (Include details about the development, total number of units, how many phases, and any information that will describe and give the reviewer a clear representation of the project.) *Do not provide the information here, just in Exhibit 10.*

7. Site Information

(If development includes more than one site, complete Items A. through D. for each site.)

A. Location: *(Provide Location Map in Exhibit 11)*

Street Address _____
City and Zip Code _____
County _____
Assessor's Parcel Number _____
Lot Number(s) _____

B. Site Approvals: *(include copies in Exhibit 12)*

Date Final/Parcel Map Recorded? _____
or Date Tentative Map Approved? _____
or Date Building Permit Issued? _____

If recorded, approved or issued, estimated date: _____

C. Site Control *(Include Preliminary Title Report not more than 180 days old. (Exhibit 13))*

Name of current owner? _____

If Applicant, date of acquisition? _____

If applicant is not current owner, what is status of site control: *(Exhibit 14)*

Under option? Date Expires _____
Purchase Contract? Date Expires _____

D. Size: Square Feet/Acres _____

E. Provide Distance to Amenities:

Schools _____ Drugstore _____ Food Market _____
Hospital _____ Park _____ Fire Dept. _____

Is Public Transportation available? ☐ Yes ☐ No

If yes, Type _____ and Distance _____

8. Project Activity Schedule *(if staggering the construction, complete the left column as it pertains to the 1st group -- on the right, the last group). If the homes are built simultaneously, please complete only the left column.*

<u>Activity</u>	<u>1st group</u>	<u>last group</u>
Site ownership	_____	_____
Local planning approval	_____	_____
Site improvements completion	_____	_____
Family selection process complete	_____	_____
Start of construction	_____	_____
Certificate of occupancy	_____	_____

9. Project Costs:

A. Total Development Costs for all assisted units (do not include admin costs):

	<u>Total Amount</u>
Land	_____
Site Development	_____
Dwelling Structures	_____
Other Structures	_____
Architectural	_____
Engineering	_____
Interest	_____
Legal Fees	_____
Loan Fees	_____
Permit & Local Fees	_____
_____	_____
_____	_____
_____	_____
_____	_____
Total	_____

B. Sources and Uses Chart: *(Exhibit 15)*

Provide sources and uses chart of all construction funds. *This chart will show where the money is coming from to pay for the items listed above.* (Estimate if actual not available.)

10. Unit Descriptions:

Unit Breakdown and Descriptions:

Number of Bdrm/Ba	Number of Units	Square Footage (Living Space)

11. **Proposed Financing** – *include commitment letters, notes, deed and resale restrictions, recapture requirements, and other applicable agreements in Exhibits 16, 17, 18, or 19 respectively.* Please list sources in one category only.

A. Source of Property **Acquisition Financing**: *(Exhibit 16)*

Source & Program	Amount	Loan or Grant	Status

B. Source(s) of **Construction Financing**: *(Exhibit 17)*

Source & Program	Amount	Loan or Grant	Status

C. Source(s) of **Primary Permanent Financing**: *(Exhibit 18)*

Source & Program	Amount	Loan or Grant	Status

D. Source(s) of **Homebuyer Subsidy** (down payment assistance, etc): *(Exhibit 19)*

Source & Program	Amount	Loan or Grant	Status

12. Financing and Affordability

Projected Average Housing Cost and Affordability:

MODEL NUMBER	3 BR	4 BR	5 BR
Appraised Value (Estimated)			
Sweat Equity			
Financing			
Sales Price (appraised value less sweat equity)			
Down payment			
1 st mortgage			
2 nd mortgage			
3 rd mortgage			
4 th mortgage			

How was the value of the sweat equity determined? _____

Terms of liens (if more sources apply, copy the information below and include the data for each)

1st mortgage – Source: _____

- interest rate: _____
- terms (years): _____
- describe resale restrictions and recapture requirements: _____

2nd mortgage – Source: _____

- interest rate: _____
- terms (years): _____
- describe resale restrictions and recapture requirements: _____

3rd mortgage – Source: _____

- interest rate: _____
- terms (years): _____
- describe resale restrictions and recapture requirements: _____

4th mortgage – Source: _____

- interest rate: _____
- terms (years): _____
- describe resale restrictions and recapture requirements: _____

Monthly Housing Cost

	3 BR	4 BR	5 BR
Principal & Interest, <u>all</u> loans			
+ Taxes			
+ Mortgage Insurance			
+ Property Insurance			
+ Fees/Bonds/Assessments			
+ Association Dues			
= Total Monthly Payment			
x 12 = Total Annual Payment			

13. Self-Help Housing Technical Assistance Administration Budget

- A. Please include all costs that it takes to run the portion of your program that supports the development being proposed. Show costs paid by the CalHome TA Program and by all other funds and list all of those sources below. Provide commitments in Exhibit 20.

Line Item	CalHome Self-Help Grant Funds	Other Funds	Total
Salaries			
Employee benefits			
Rent & Utilities			
Telephone			
Office Supplies			
TOTAL BUDGET			

B. Other Technical Assistance Funds: *(Exhibit 21)*

Source	Amount	Status

- C. List only information for staff and their time devoted to this project. Report CalHome-paid positions in the first chart, those paid by other sources in the second.
(Calculation: multiply the '**# of positions**' by the '**% of time**' by the '**# of months**' by the '**salary**', to get the '**Total**'. The total of the 'Total' column will support the amounts in the 'Salaries' line item in the 13.A. chart on the previous page.)

Positions paid by CalHome Technical Assistance Grant in Item 13.A. chart

position	# of positions	% of time to project	# of months	monthly salary	Total

Positions paid by other technical assistance sources in Item 13.A. chart

position	# of positions	% of time to project	# of months	monthly salary	Total

- D. Describe qualifications of each staff person for each position named above responsible for carrying out the objectives of the Project (resume or description of experience).
(Exhibit 22)

14. Self-Help Component:

- A. Program marketing material, recruitment efforts (Exhibit 23)
- B. Provide homebuyer selection criteria (i.e., income limits, income determination procedures). (Exhibit 24)
- C. Provide description of construction activities to be performed by family. (Exhibit 25)
- D. Provide description of construction activities to be contracted out. (Exhibit 26)
- E. Describe how the construction training plan will be carried out. (Exhibit 27)
- F. Attach a copy of the family agreement form to be used. (Exhibit 28)
- G. Approximate number of hours to be worked per week by each household: _____
- H. Percentage of work will be performed by self-help participants: _____%
- I. Number of months estimated to complete project: _____

15. Homeownership Education

Describe the homebuyer education program. Is the class provided in-house? Attach curriculum, material distributed. (*Exhibit 29*)

16. APPLICATION AUTHORIZATION

This application was prepared by:

Name (Print or Type)

Title

(Signature)

Date

This application is submitted by:

I/We certify that the information and statements submitted in and attached to this application, are true, accurate and complete to the best of my/our knowledge. I/We authorize the Department of Housing and Community Development to verify any information pertaining to this application. I/We acknowledge and understand that if facts and/or information herein are found to be misrepresented, it may constitute grounds for rejection of the application or default of the CalHome Program, Self-Help Housing Technical Assistance Allocation grant for which this application is being made.

Name (Print or Type)

Title

(Signature)

Date

Name (Print of Type)

Title

(Signature)

Date

EXHIBITS CHECKLIST

Label the tabs (#1 through #29) for the exhibits and place behind the completed application.

Exhibit #

- #1. ____ Copy of resolution authorizing this application (Item 4.B.(1))
- #2. ____ Copy of Articles of Incorporation and By-Laws (Item 4.B.(2))
- #3. ____ List of names of officers and board of governing body of applicant (Item 4.B.(3))
- #4. ____ 501(c)3 Status and (Secretary of State certification to be provided by HCD) (Item 4.B.(4))
- #5. ____ Most recent audited financial report (Item 4.B.(5))
- #6. ____ Applicant's history & experience (Item 4.C.(1))
- #7. ____ Description of Applicant's current programs (Item 4.C.(2))
- #8. ____ Geographic area(s) served – map highlighting area(s) (Item 4.C.(3))
- #9. ____ HCD financial assistance history (Item 4.C.(4))
- #10. ____ Project narrative (Item 6)
- #11. ____ Location map of proposed site (Item 7.A.)
- #12. ____ Recorded final/parcel or tentative map with conditions of approval or building permit (Item 7.B.)
- #13. ____ Preliminary Title Report (Item 7.C.)
- #14. ____ Site control (Item 7.C.)
- #15. ____ Sources and uses chart (Item 9.B.)
- #16. ____ Property acquisition funding (Item 11.A.)
- #17. ____ Construction financing (Item 11.B.)
- #18. ____ Permanent financing (Item 11.C.)
- #19. ____ Homebuyer's subsidy (Item 11.D.)
- #20. ____ Details of Technical Assistance Administration Budget (Item 13.A.)
- #21. ____ Commitment of other Technical Assistance funds (Item 13.B.)
- #22. ____ Staff experience to carry out the objectives of the Project (Item 13.D.)
- #23. ____ Program marketing and participation recruitment material (Item 14.A.)
- #24. ____ Homebuyer participation criteria, (i.e., income limits, determination procedures) (Item 14.B.)
- #25. ____ Description of self-help activities (Item 14.C.)
- #26. ____ Description of activities contracted out (Item 14.D.)
- #27. ____ Construction Training (Item 14.F.)
- #28. ____ Family Agreement (Item 14.G.)
- #29. ____ Homeowner-education class (Item 15)

Please print on applicant's letterhead

Resolution No. 20YY - ##

CalHome Program, Self-Help Housing Technical Assistance Allocation

THE GOVERNING BOARD OF

HEREBY AUTHORIZES THE SUBMITTAL OF A GRANT APPLICATION, THE INCURRING OF AN OBLIGATION, THE EXECUTION OF A GRANT AGREEMENT AND ANY AMENDMENTS THERETO, AND ANY OTHER DOCUMENTS NECESSARY TO SECURE A CALHOME PROGRAM, SELF-HELP HOUSING TECHNICAL ASSISTANCE ALLOCATION GRANT FROM THE STATE OF CALIFORNIA.

WHEREAS

- A. _____ (*name of applicant*) (hereinafter referred to as "Corporation") is a corporate entity established under the laws of California and empowered to enter into an obligation to receive state funds to promote self-help housing efforts.
- B. The California Department of Housing and Community Development (hereinafter referred to as the "State") is authorized to make grants to assist self-help housing efforts.
- C. The Corporation wishes to obtain from the State a technical assistance grant for assisting self-help housing activities.

IT IS NOW RESOLVED THAT:

- 1. The Corporation may submit to the State an application for a CalHome Program, Self-Help Housing Technical Assistance Allocation grant for use in the County of _____.
- 2. If the application is approved, the Corporation is hereby authorized to incur an obligation in the amount of \$_____ and to enter into a grant agreement with the State for the purposes set forth in the application and approved by the State. It also may execute security and other instruments necessary or required by the State to govern and secure the obligation.
- 3. The Corporation is further authorized to request amendments, including increases in amounts up to amounts approved by the State, and to execute any and all documents required by the State to govern and secure these amendments.

4. The Corporation authorizes any one of the following individuals, (*list the name(s) or the title(s) of officer(s) authorized to sign*), to execute in the name of the Corporation, the application and the agreement, and other instruments necessary or required by the State for the making and securing of the grants, and any amendments thereto.

PASSED AND ADOPTED THIS ____ DAY OF _____, 20 _____,

BY THE FOLLOWING VOTE:

AYES: _____ NAYS: _____ ABSTAIN: _____ ABSENT: _____

CERTIFICATION:

The undersigned _____ Secretary of the Corporation here before named does hereby attest and certify that the foregoing is a true and full copy of a resolution of the Board of Directors adopted at a duly convened meeting on the date above-mentioned, which has not been altered, amended, or repealed.

Secretary

Date

Please note:

- 1. This is intended to be a model for resolutions authorizing grant applications.*
- 2. This model uses language appropriate to a nonprofit corporation of cooperative. A government agency may want to substitute more appropriate terminology for terms such as "Governing Board" and "Corporation".*
- 3. The person attesting to the vote and certifying the resolution may not be a person authorized by the resolution to execute documents.*